

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037060

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2612

FILED SEP 8 1962

VS 300
Rev. 4/59

14005

2 2/6

3

4 0

5 2

6

7 0

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2260X

10

11

1246-0

13

46

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RICHMOND HEIGHTS

Length of stay in 1b

c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. MARY'S HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO. b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3007 WYOMING ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CARL O HOFFMANN SR.

4. DATE OF DEATH

Month

Day

Year

SEPT 7 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAY 12, 1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GENERAL CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

CARL J. HOFFMANN

13b. MOTHER'S MAIDEN NAME

THERESA HACKELMANN

14. NAME OF HUSBAND OR WIFE

ELISE HOFFMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

CARL O. HOFFMANN JR 3323 HUMPHREY

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH
5-6 mos.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Kimmelstiel - Wilson's Disease

Unknown

DUE TO (c)

Diabetes

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

None

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

None

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

None

20d. INJURY OCCURRED
WHILE AT WORK
NOT WHILE AT WORK20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

None

20f. CITY, TOWN, OR LOCATION

None

COUNTY

STATE

21. I attended the deceased from

April 27, '62 to Sept. 7, '62 and last saw him alive on 9-6-62

Death occurred at

6:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert E. Fox, M.D.

(Degree or title)

22b. ADDRESS

4161 Lindell Blvd.

22c. DATE SIGNED

9-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

SEPT 10 1962

23c. NAME OF CEMETERY OR CREMATORY

SUNSET BURIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS CO.

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

9-8-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4772

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

1-6 Friday

Dr. R. Fox
4161 Franklin
DE 2 1917